

Candidate
Annual Report of Receipts and Disbursements
2009

RECEIVED
JAN 29 2010

Secretary of State
Capitol Office
DATE STAMP

Candidate's Name WALTER L ROBINSON, JR
Full Address P.O. BOX 249 BOXTON, MISS 39041
Telephone 601-966-1499 Fax _____
Contact Name Walter Robinson Email _____
Office Sought State Rep. Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 5,750.00 + \$ 600.00	\$ 6,350.00	\$ 11,260.00
Total amount of disbursements	\$ 3,600.00 + \$ 3,100.00	\$	\$ 6,700.00
Total amount of cash on hand		\$ 4,550.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Walter Robinson
Signature of Candidate

1-29-2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Walter H. Harkin

Reporting period

January 1, 2009

through

March 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Mr. Joanne Horton</i>		<i>4/24/09</i>	\$ <i>250.00</i>
Mailing Address <i>1210 Marion Dr</i>		<i>1 1</i>	\$
City, State, Zip Code <i>Bellon, IN 39041</i>		<i>1 1</i>	\$
Name of Employer (Required) <i>Joanne Horton</i>		<i>1 1</i>	\$
Occupation (Required) <i>Teacher</i>		Aggregate year-to-date	\$ <i>250.00</i>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Mr. J. Harkin</i>		<i>4/24/09</i>	\$ <i>500.00</i>
Mailing Address <i>404 West 7th Ave</i>		<i>1 1</i>	\$
City, State, Zip Code <i>Ridgeland, MS 39157</i>		<i>1 1</i>	\$
Name of Employer (Required) <i>C.R. Montgomery</i>		<i>1 1</i>	\$
Occupation (Required) <i>Teacher</i>		Aggregate year-to-date	\$ <i>500.00</i>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Mr. Harkin</i>		<i>4/9/09</i>	\$ <i>250.00</i>
Mailing Address <i>P.O. Box 16444</i>		<i>1 1</i>	\$
City, State, Zip Code <i>Indianapolis, IN 39236</i>		<i>1 1</i>	\$
Name of Employer (Required) <i>John Cameron</i>		<i>1 1</i>	\$
Occupation (Required) <i>Teacher</i>		Aggregate year-to-date	\$ <i>250.00</i>
D. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Debra Joann Burren</i>		<i>4/15/09</i>	\$ <i>500.00</i>
Mailing Address <i>6311 Ridgeland Rd</i>		<i>1 1</i>	\$
City, State, Zip Code <i>Indianapolis, IN 35211</i>		<i>1 1</i>	\$
Name of Employer (Required) <i>Robert Arnold</i>		<i>1 1</i>	\$
Occupation (Required) <i>Teacher</i>		Aggregate year-to-date	\$ <i>500.00</i>

Name of Candidate or Committee

Walt Hahn

Reporting period

January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Harold Cone</u>		<u>4/21/09</u>	\$ <u>500.00</u>
Mailing Address <u>114 Market Cityview</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Richmond, Va 23187</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>Beth Clay</u>		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>Teacher</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>W. B. Conrad</u>		<u>4/21/09</u>	\$ <u>500.00</u>
Mailing Address <u>770 North West St</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Lebanon, Mo 64505</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>Willie Beyers</u>		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>Teacher</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Independent for agent</u>		<u>4/21/09</u>	\$ <u>500.00</u>
Mailing Address <u>124 Kinnick</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Flourwood, Mo 64502</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>Clinton A. Mohr</u>		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>Executive Vice President</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Miss Manifestation</u>		<u>4/21/09</u>	\$ <u>250.00</u>
Mailing Address <u>780 N. Market St.</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Lebanon, Mo 64502</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>Ray Moore</u>		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>Manager</u>		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Walter KohnReporting period January, 2009 through December 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Raul J. Mays Jr</u>	<u>5/27/09</u>	\$ <u>250.00</u>
Mailing Address	<u>5266 Old Hwy 11</u>	<u>1/1/</u>	\$
City, State, Zip Code	<u>Hillbilly, Mo 65402</u>	<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Hannah's</u>	<u>10/28/09</u>	\$ <u>500.00</u>
Mailing Address	<u>One Cuernan place</u>	<u>1/1/</u>	\$
City, State, Zip Code	<u>Las Vegas, Nevada</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>Las Vegas</u>	<u>1/1/</u>	\$
Occupation (Required)	<u>Hotel Manager</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Marybeth Carolyn Inserra and son</u>	<u>10/1/09</u>	\$ <u>500.00</u>
Mailing Address	<u>215 South Monroe St</u>	<u>1/1/</u>	\$
City, State, Zip Code	<u>Fallston, Md. 32301</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>Monroe H. Kibitz</u>	<u>1/1/</u>	\$
Occupation (Required)	<u>Staff Relations Director</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Check into, Corp</u>	<u>7/15/00</u>	\$ <u>254.00</u>
Mailing Address	<u>220 Big 550</u>	<u>1/1/</u>	\$
City, State, Zip Code	<u>Chubb In 37364</u>	<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>254.00</u>

Name of Candidate or Committee

Walt Salinas

Reporting period

January 1, 2009 through December 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAFAPAC</u>		<u>12/1/09</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 13649</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Chicago, Ill. 35236</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>John John</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Executive Director</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

WALTER L. ROBINSON

Reporting period

January 1, 2005 through Present 31 2009

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WALTER ROBINSON	2/12/09	\$ 300.00
Mailing Address	4/12/09	\$ 300.00
P.O. Box 249		
City, State, Zip Code	Aggregate Year-to-date	\$ 600.00
BOLTON, MS 39041		
Purpose of Disbursement (Optional)		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WALTER L. ROBINSON	5/28/09	\$ 400.00
Mailing Address	6/9/09	\$ 500.00
P.O. Box 249		
City, State, Zip Code	Aggregate Year-to-date	\$ 900.00
BOLTON, MS 39041		
Purpose of Disbursement (Optional)		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Michael M. B. Chen	7/24/05	\$ 300.00
Mailing Address	8/12/09	\$ 500.00
City, State, Zip Code	Aggregate Year-to-date	\$ 800.00
BOLTON, MISS 39041		
Purpose of Disbursement (Optional)		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WALTER ROBINSON	8/17/09	\$ 500.00
Mailing Address	2/14/09	\$ 300.00
P.O. Box 249		
City, State, Zip Code	Aggregate Year-to-date	\$ 800.00
BOLTON, MS 39041		
Purpose of Disbursement (Optional)		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WALTER ROBINSON	4/15/02	\$ 300.00
Mailing Address	12/18/02	\$ 200.00
P.O. Box 249		
City, State, Zip Code	Aggregate Year-to-date	\$ 500.00
BOLTON, MISS 39041		
Purpose of Disbursement (Optional)		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	___/___/___	\$
Mailing Address		\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$